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# State of Washington

## **Behavioral Risk Factor Surveillance System Questionnaire Form B 2004**

Based on CDC version December 19, 2003

Washington State Department of Health  
Center for Health Statistics  
and  
Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and Health Promotion  
Office of Adult and Community Health  
Behavioral Surveillance Branch

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# Washington State BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM 2004 QUESTIONNAIRE

Based on CDC version 12/19/03

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**To correct respondent:**

HELLO, I'm      (name)      calling for the Washington State Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Washington residents to guide state health policies. You have been chosen scientifically to be interviewed, and we'd like to ask some questions about health and safety practices of Washington residents.

**All Respondents:**

The interview may be monitored for quality assurance, but all information obtained in this study will be confidential. Some of the questions might not apply to you or your life. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview usually takes between 15 to 20 minutes. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

**IF NEEDED:**

- If you have any questions about this study, you can call the study director at the Washington State Department of Health, Katrina Simmons. You can call her toll-free at 1-866-871-5405.
- Your phone number will be erased from the data that we send to the Department of Health after we finish all the interviews at the end of the year.

**If Respondent refuses, ask:**

It would *really* help us with future studies to know the reasons why people choose not to participate. Would you be willing to tell me your reasons? [WHY1]

- 01     Record comments
- 98     Don't know/Not sure
- 99     Refused

<<TIME: Introduction>>

## CDC Core Questions

### Section 1: Health Status

- 1.1. Would you say that in general your health is: (73)

**Please read**

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair

**Or**

- 5 Poor

**Do not read**

- 7 Don't know/Not sure
- 9 Refused

### Section 2: Healthy Days

- 2.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74-75)

\_\_\_ Number of days

- 8 8 None
- 7 7 Don't know/Refused
- 9 9 Refused

- 2.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76-77)

\_\_\_ Number of days

- 8 8 None **If Q2.1 and Q2.2 are none, go to next section**
- 7 7 Don't know/Not sure
- 9 9 Refused

- 2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

\_\_\_ Number of days

- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

**Section 3: Health Care Access**

- 3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

1 Yes  
2 No  
7 Don't know/Not sure  
9 Refused

- 3.2. Do you have one person you think of as your personal doctor or health care provider? **[If "no," ask "Is there more than one or is there no person who you think of?"** (81)

1 Yes, only one  
2 More than one  
3 No  
7 Don't know/Not sure  
9 Refused

- 3.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

1 Yes  
2 No **Go to next section**  
7 Don't know **Go to next section**  
9 Refused **Go to next section**

**Section 4: Exercise**

- 4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (83)

1 Yes  
2 No  
7 Don't know/Not sure  
9 Refused

**Section 5: Environmental Factors**

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.



- 5.1. Things like dust, mold, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building? **[If necessary: “If you are experiencing an illness or symptom within the past 12 months that was caused by something in the air you encountered over 12 months ago, the answer is “Yes.”]** (84)

1 Yes  
2 No  
7 Don’t know  
9 Refused

- 5.2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors? **If necessary: This question does not refer to natural agents like pollen or dust in outdoor air. [NOTE: If you are experiencing an illness or symptom within the past 12 months that was caused by something in the air you encountered over 12 months ago, the answer is “Yes.”]** (85)

1 Yes  
2 No  
7 Don’t know  
9 Refused

## Section 6: Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

- 6.1 Have you had a sunburn within the past 12 months? (86)

1 Yes  
2 No **[Go to next section]**  
7 Don’t know/Not Sure **[Go to next section]**  
9 Refused **[Go to next section]**

- 6.2 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? (87)

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know/Not sure
- 9 Refused

## Section 7: Tobacco Use

- 7.1. Have you smoked at least 100 cigarettes in your entire life? [**5 packs = 100 cigarettes**] (88)

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

- 7.2. Do you now smoke cigarettes every day, some days, or not at all? (89)

- 1 Every day
- 2 Some days
- 3 Not at all **Go to next section**
- 9 Refused **Go to next section**

- 7.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (90)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

## Section 8: Alcohol Consumption

- 8.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (91-93)

1\_\_ \_\_ Days per week  
2\_\_ \_\_ Days in past 30  
8 8 8 No drinks in past 30 days **Go to next section**  
7 7 7 Don't know/Not sure  
9 9 9 Refused **Go to next section**

- 8.2. On the days when you drank, about how many drinks did you drink on the average? (94-95)

\_\_ \_\_ Number of drinks  
7 6 76 or more  
7 7 Don't know/Not sure  
9 9 Refused

- 8.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (96-97)

\_\_ \_\_ Number of times  
8 8 None  
7 7 Don't know/Not sure  
9 9 Refused

- 8.4. During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (98-99)

\_\_ \_\_ Number of times  
8 8 None  
7 7 Don't know/Not sure  
9 9 Refused

**Section 9: Asthma**

9.1. Have you ever been told by a doctor, nurse or other health professional that you had asthma? (100)

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

9.2. Do you still have asthma? (101)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**Section 10: Diabetes**

10.1. Have you ever been told by a doctor, nurse or other health professional that you have diabetes? [If "Yes" and respondent is female, ask: "Was this only when you were pregnant?" If Respondent says "pre-diabetes" or "borderline diabetes," use response code 4.] (102)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know/Not sure
- 9 Refused

10.2. How old were you when you were told you have diabetes? (195-196)

- \_\_ \_\_ Code age in years [97 = 97 and older]
- 9 8 Don't know/Not sure
- 9 9 Refused

10.3. Are you now taking insulin? (197)

- 1 Yes
- 2 No

9        Refused

10.4.    Are you now taking diabetes pills? (198)

- 1        Yes
- 2        No
- 7        Don't know/Not sure
- 9        Refused

10.5.    About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (199 - 201)

- 1 \_ \_    Times per day
- 2 \_ \_    Times per week
- 3 \_ \_    Times per month
- 4 \_ \_    Times per year
- 8 8 8    Never
- 7 7 7    Don't know/Not sure
- 9 9 9    Refused

10.6.    About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (202 - 204)

- 1 \_ \_    Times per day
- 2 \_ \_    Times per week
- 3 \_ \_    Times per month
- 4 \_ \_    Times per year
- 8 8 8    Never
- 5 5 5    No feet
- 7 7 7    Don't know/Not sure
- 9 9 9    Refused

10.7    Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (205)

- 1        Yes
- 2        No
- 7        Don't know/Not sure
- 9        Refused

- 10.8. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (206-207)

\_\_\_ Number of times [76 = 76 or more]  
8 8 None  
7 7 Don't know/Not sure  
9 9 Refused

- 10.9. A test for "A one C," measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (208-209)

\_\_\_ Number of times [76 = 76 or more]  
8 8 None  
9 8 Never heard of "A one C" test  
7 7 Don't know/Not sure  
9 9 Refused

**If "no feet" to Q10.6, go to Q10.11**

- 10.10. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (210-211)

\_\_\_ Number of times [76 = 76 or more]  
8 8 None  
7 7 Don't know/Not sure  
9 9 Refused

- 10.11. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (212)

**Read only if necessary:**

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never

**Do not read**

- 7 Don't know/Not sure
- 9 Refused

10.12. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (213)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

10.13. Have you ever taken a course or class in how to manage your diabetes yourself? (214)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

## Section 11: Oral Health

11.1. How long has it been since you last visited a dentist or a dental clinic for any reason?  
**Include visits to dental specialists, such as orthodontists.** (103)

**Read Only if Necessary**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

**Do not read**

- 7 Don't know/Not sure
- 8 Never
- 9 Refused

11.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.  
**Include teeth lost due to "infection."** (104)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know/Not sure
- 9 Refused

**IF Q11.1 = 8 (NEVER) OR Q11.2 = 3 (ALL), GO TO NEXT SECTION**

11.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (105)

**Read only if necessary**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

**Do not read**

- 7 Don't know/Not sure
- 8 Never
- 9 Refused

**Section 12: Immunization**

12.1. During the past 12 months, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season. **IF NEEDED: We want to know if you had a flu shot injected in the arm.** (106)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

12.2. During the past 12 months, have you had a flu vaccine sprayed in your nose? (107)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

12.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (108)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused



### Section 13: Demographics

13.1. What is your age? (109-110)

\_\_\_\_ Code age in years    **Go to Q13.2**  
0 7    Don't know/Not sure  
0 9    Refused

13.1b In which of these age categories do you belong? [SAQ]

21    18 to 24  
30    25 to 34  
40    35 to 44  
50    45 to 54  
60    55 to 65  
70    65 to 74  
80    75 or older  
9    Refused

13.2. Are you Hispanic or [if male] Latino [if female] Latina? (111)

1    Yes  
2    No  
7    Don't know/Not sure  
9    Refused

13.3. Which one or more of the following would you say is your race? [NOTE: If Respondent gives an answer of "Hispanic," "Mexican," or something similar, please probe: "Are you White-Hispanic, Black-Hispanic, Asian Hispanic, Pacific Islander and Hispanic, American Indian and Hispanic or some other race and Hispanic?"] (112-117)  
[Code all that apply (up to six choices)]

**Please read**

1    White  
2    Black or African American  
3    Asian  
4    Native Hawaiian or Other Pacific Islander  
5    American Indian, Alaska Native

**Or** 6    Other [specify] \_\_\_\_\_

**Do not read**

8    No additional choices  
7    Don't know/Not sure  
9    Refused

**If more than one response to Q13.3, continue. Otherwise, go to Q13.5**

13.4. Which one of these groups would you say best represents your race? (118)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] \_\_\_\_\_
- 7 Don't know/Not sure
- 9 Refused

**If one of the answers to Q13.3a-f is 3 (Asian) or 4 (Native Hawaiian or other Pacific Islander), continue. Otherwise, go to Q13.4**

13.31 Which one or more of the following best describes your Asian or Pacific Islander heritage? (361-362)

**[INTERVIEWER NOTE: If the respondent cuts you off, please finish reading the choices by saying, "So you're not...."]**

- 01 Native Hawaiian (NH./PI)
- 02 Chinese
- 03 Japanese
- 04 Korean
- 05 Filipino (NH./PI)
- 06 Vietnamese
- 07 Laotian
- 08 Cambodian
- 09 Asian Indian
- 10 Samoan (NH./PI)
- 11 Guamanian (NH./PI) or Chamorro (NH./PI)
- 88 Or something else (specify)
- 77 Don't know/Not sure
- 99 Refused - DO NOT READ

**If more than one response to Q13.3a-f or to 13.31, continue. Otherwise, go to Q13.5**

13.4. Which one of these groups would you say best represents your race? (118)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] \_\_\_\_\_
- 7 Don't know/Not sure
- 9 Refused

13.5 Are you? (119)

**Please read**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- or 6 A member of an unmarried couple

**Do not read**

- 9 Refused

13.6 How many children less than 18 years of age live in your household? (120-121)

- \_\_\_ Number of children
- 8 8 None **Go to Q13.7**
- 9 9 Refused **Go to Q13.7**

13.6a How many of these children are age 10-17? [SAQ]

- \_\_\_ Number of children aged 10-17
- 8 8 None
- 9 9 Refused

13.6b What is the age of [that child/those children]? **[Record ages of up to six children]** [SAQ 365-376]

- \_\_\_ Age of child/ren age 10-17
- 8 8 None
- 9 9 Refused

13.7 What is the highest grade or year of school you completed? (122)

**Read only if necessary**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

**Do not read**

- 9 Refused

13.8. Are you currently? **Please read** (123)

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A homemaker
- 6 A student
- 7 Retired
- Or** 8 Unable to work

**Do not read**

- 9 Refused

13.8a What kind of business or industry do you work in? (SAQ)

[Record answer] \_\_\_\_\_  
99 Refused

13.8b What is your job title? If no job title, ask "What kind of work do you do?" (SAQ)

[Record answer] \_\_\_\_\_  
88 Owner, Proprietor or Self-employed  
99 Refused

13.9 Is your annual household income from all sources . . . (124-125)

**If respondent refuses at ANY income level, code '99 Refused.'**

INTERVIEWER NOTE: Pause briefly after each income choice to allow respondent to say "Yes" or "No." Stop reading when they pick a one.

**Read as appropriate**

- 04 Less than \$25,000 **If “no,” ask 05; if “yes,” ask 03**  
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If “no,” code 04; if “yes,” ask 02**  
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If “no,” code 03; if “yes,” ask 01**  
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If “no,” code 02**
- 05 Less than \$35,000 **If “no,” ask 06**  
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If “no,” ask 07**  
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If “no,” code 08**  
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

**Do not read**

- 77 Don’t know/Not sure
- 99 Refused

13.10. About how much do you weigh?

(126-129)

**Note: If respondent answers in metrics, put “9” in column 126.**

	<b>Round fractions up ↑</b>
____	Weight <i>pounds/kilograms</i>
7 7 7 7	Don’t know/Not sure
9 9 9 9	Refused

13.11. About how tall are you without shoes?

(130-133)

**Note: If respondent answers in metrics, put “9” in column 130.**

	<b>Round fractions down ↓</b>
____/____	Height
<i>ft/inches/meters/centimeters</i>	
7 7 7 7	Don’t know/Not sure
9 9 9 9	Refused

13.12. What county do you live in?

(134-136)

001	Adams	027	Grays Harbor	053	Pierce
003	Asotin	029	Island	055	San Juan
005	Benton	031	Jefferson	057	Skagit
007	Chelan	033	King	059	Skamania
009	Clallam	035	Kitsap	061	Snohomish
011	Clark	037	Kittitas	063	Spokane
013	Columbia	039	Klickitat	065	Stevens
015	Cowlitz	041	Lewis	067	Thurston
017	Douglas	043	Lincoln	069	Wahkiakum
019	Ferry	045	Mason	071	Walla Walla
021	Franklin	047	Okanogan	073	Whatcom
023	Garfield	049	Pacific	075	Whitman
025	Grant	051	Pend Oreille	077	Yakima

\_\_\_\_ FIPS county code  
 7 7 7 Don't know/Not sure  
 9 9 9 Refused

13.12a What is your ZIP code? **IF NEEDED SAY: I mean the ZIP code of your residence, that is, where you live.** [SAQ]

9  
 9    9    9    9    9    Don't know/Refused

13.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (137)

1 Yes  
 2 No **Go to Q13.15**  
 7 Don't know/Not sure **Go to Q13.15**  
 9 Refused **Go to Q13.15**

13.14. How many of these phone numbers are residential numbers?

(138)

\_\_\_\_ Residential telephone numbers [6=6 or more]  
 7 Don't know/Not sure  
 9 Refused

- 13.15. During the past 12 months, has your household been without telephone service for 1 week or more? [**Note: Do not include interruptions of phone service due to weather or natural disasters.**] (139)

1 Yes  
2 No **Go to Q13.16**  
7 Don't know/Not sure **Go to Q13.16**  
9 Refused **Go to Q13.16**

- 13.15a In the past 12 months, about how many months in total were you without a working home telephone?" [SAQ]

\_\_\_ Number of months  
6 6 Less than one month  
8 8 None  
7 7 Don't know/Not sure  
9 9 Refused

- 13.16. Indicate sex of respondent. Ask only if necessary. (140)

1 Male **Go to next section**  
2 Female

**If respondent 45 years old or older, go to next section.**

- 13.17. To your knowledge, are you now pregnant? (141)

1 Yes  
2 No  
7 Don't know/Not sure  
9 Refused

#### **Section 14: Veteran's Health**

- 14.1 The next question relates to military service. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (142)

1 Yes  
2 No (**Go to next section**)  
7 Don't know/Not sure (**Go to next section**)  
9 Refused (**Go to next section**)

14.2 Which of the following best describes your service in the United States Military? (143)

**Please read:**

- 1 Currently on active duty (**Go to next section**)
- 2 Currently in a National Guard or Reserve unit (**Go to next section**)
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

**Do not read:**

- 7 Don't know/not sure (**Go to next section**)
- 9 Refused (**Go to next section**)

14.3 In the last 12 months have you received some or all of your health care from VA facilities? **If "Yes" probe for "all" or "some" of the health care.** (144)

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received
- 7 Don't know/Not sure
- 9 Refused

## Section 15: Women's Health

**If respondent is male, go to next section.**

15.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (145)

- 1 Yes
- 2 No **Go to Q15.3**
- 7 Don't know/Not sure **Go to Q15.3**
- 9 Refuse **Go to Q15.3**

15.2. How long has it been since you had your last mammogram? (146)

**Read only if necessary**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused



15.3. A clinical breast exam is when a doctor, nurse or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (147)

- 1 Yes
- 2 No **Go to Q15.5**
- 7 Don't know/Not sure **Go to Q15.5**
- 9 Refused **Go to Q15.5**

15.4. How long has it been since your last breast exam? (148)

**Read only if necessary**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (149)

- 1 Yes
- 2 No **Go to Q15.7**
- 7 Don't know/Not sure **Go to Q15.7**
- 9 Refused **Go to Q15.7**

15.6 How long has it been since you had your last Pap test? (150)

**Read only if necessary**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

**If response to Q13.17 is 1 (is pregnant), go to next section**

- 15.7. Have you had a hysterectomy? **[IF NECESSARY: A hysterectomy is an operation to remove the uterus (womb).]** (161)

1 Yes  
2 No  
7 Don't know/Not sure  
9 Refused

## Section 16: Prostate Cancer Screening

**If respondent is 39 years old or younger, or is female, go to next section.**

- 16.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (152)

1 Yes  
2 No **Go to Q16.3**  
7 Don't know/Not sure **Go to Q 16.3**  
9 Refused **Go to Q16.3**

- 16.2. How long has it been since you had your last PSA test? (153)

**Read only if necessary**

1 Within the past year (anytime less than 12 months ago)  
2 Within the past 2 years (1 year but less than 2 years ago)  
3 Within the past 3 years (2 years but less than 3 years ago)  
4 Within the past 5 years (3 years but less than 5 years ago)  
5 5 or more years ago

**Do not read**

7 Don't know/Not sure  
9 Refused

- 16.3. A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (154)

1 Yes  
2 No **Go to Q16.5**  
7 Don't know/Not sure **Go to Q16.5**  
9 Refused **Go to Q16.5**

16.4. How long has it been since your last digital rectal exam? (155)

**Read only if necessary**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**Do not read**

- 7 Don't know/Not sure
- 9 Refused

16.5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer? (156)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

16.6 Has your health care provider ever talked to you about prostate cancer screening tests?[SAQ]

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

## Section 17: Colorectal Cancer Screening

**If respondent is 49 years old or younger, go to next section.**

17.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (157)

- 1 Yes
- 2 No **Go to Q17.3**
- 7 Don't know/Not sure **Go to Q17.3**
- 9 Refused **Go to Q17.3**

17.2. How long has it been since you had your last blood stool test using a home kit? (158)

**Read only if necessary**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

**Do not read**

- 7 Don't know/Not sure
- 9 Refused

17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (159)

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

17.4 How long has it been since you had your last sigmoidoscopy or colonoscopy? (160)

**Read only if necessary**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

**Do not read**

- 7 Don't know/Not sure
- 9 Refused

17.5 You said that you have had either a colonoscopy or sigmoidoscopy. Which test have you had most recently? **[IF NEEDED: "For a colonoscopy you get complete sedation so that you are almost or completely asleep and you need to have someone else drive you home afterward. Did you receive sedation and have someone else drive you home?" IF STILL UNSURE ASK "Were you told you needed to have someone drive you home after the test?" If sedation was given/had to be driven home after the test, R had a colonoscopy.]** [SAQ]

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know/Not sure

9        Refused

## Section 18:    Family Planning

**If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years or older, go to next section.**

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

- 18.1.    Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your [if female, insert husband/partner, if male, insert wife/partner] doing anything now to keep [if female, insert you], if male, insert her] from getting pregnant? (161)  
[NOTE: If more than one partner, consider usual partner.]

- 1        Yes
- 2        No (**Go to Q18.3**)
- 3        No partner/not sexually active **Go to next section**
- 4        Same sex partner **Go to next section**
- 7        Don't know / Not sure **Go to next section**
- 9        Refused **Go to next section**

- 18.2.    What are you or your [CATI: if female, insert "husband/partner", if male, insert "wife/partner"] doing now to keep [if female, insert "you," if male, insert "her"] from getting pregnant? (162-163)

**Read only if necessary**

- 01        Tubes tied **Go to next section**
- 02        Hysterectomy (female sterilization) **Go to next section**
- 03        Vasectomy ( male sterilization) **Go to next section**
- 04        Pill, all kinds (Seasonale, etc.) **Go to Q18.4**
- 05        Condoms (male or female) **Go to Q18.4**
- 06        Contraceptive implants (Jadelle or Implants) **Go to Q18.4**
- 07        Shots (Depo-Provera) **Go to Q18.4**
- 08        Shots (Lunelle) **Go to Q18.4**
- 09        Contraceptive Patch **Go to Q18.4**
- 10        Diaphragm, cervical ring, or cap (Nuvaring or others) **Go to Q18.4**
- 11        IUD (including Mirena) **Go to Q18.4**
- 12        Emergency contraception (EC) **Go to Q18.4**
- 13        Withdrawal **Go to Q18.4**
- 14        Not having sex at certain times (rhythm) **Go to Q18.4**
- 15        Other method (foam, jelly, cream, etc.) **Go to Q18.4**

**Do not read**77 Don't know / Not sure **Go to Q18.4**99 Refused **Go to Q18.4**

- 18.3 What is the main reason for not doing anything to keep [CATI: if female, insert "you," if male, insert "your wife/partner"] from getting pregnant? (164-165)

**Read only if necessary**

- 01 Didn't think was going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control
- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 06 Lapse in use of a method
- 07 Don't think you or your partner can get pregnant
- 08 You or your partner had tubes tied (sterilization) (**Go to next section**)
- 09 You or your partner had a vasectomy (sterilization) (**Go to next section**)
- 10 You or your partner had a hysterectomy (**Go to next section**)
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason (Specify: \_\_\_\_\_ )
- 15 Don't care if get pregnant
- 16 Partner is pregnant now (**Go to next section**)

**Do not read**

77 Don't know / Not sure

99 Refused

- 18.4 How do you feel about having a child now or sometime in the future? Would you say: (166)

**Please read**

- 1 You don't want to have one **Go to next section**
- 2 You do want to have one **Go to Q18.5**
- 3 You're not sure if you do or don't **Go to next section**

**Do not read**7 Don't know / Not sure **Go to next section**9 Refused **Go to next section**

18.5 How soon would you want to have a child? Would you say: (167)

**Please read**

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now, or
- 4 5 or more years from now

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**Section 19: Disability**

The following questions are about health problems or impairments you may have.

19.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (168)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

19.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (169)

**Include occasional use or use in certain circumstances**

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**Section 20: HIV/AIDS**

**If respondent is 65 years old or older, go to next section**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. Although we will ask you about testing, we will not ask about the results of any test you may have had..

I'm going to read two statements about HIV. After I read each one, please tell me whether you think it is true or false, or if you don't know.

- 20.1. A pregnant woman with HIV can get treatment to help reduce the chances she will pass the virus on to her baby. **[Would you say "True" or "False?"]** (170)

1 True  
2 False  
7 Don't know/Not sure  
9 Refused

- 20.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. **[Would you say "True" or "False?"]** (171)

1 True  
2 False  
7 Don't know/Not sure  
9 Refused

- 20.3. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. **Include saliva tests** (172)

1 Yes  
2 No **Go to Q20.10**  
7 Don't know/ Not sure **Go to Q20.10**  
9 Refused **Go to Q20.10**

- 20.4. In the past 12 months, how many times have you been tested for HIV, including times you did not get your results: (173-174)

— Times  
8 8 None  
7 7 Don't know/Not sure  
9 9 Refused

- 20.5. Not including blood donations, in what month and year was your last HIV test? **[NOTE: if HIV test occurred before January 1985, enter year as 7777 - Don't know/not sure. Enter month: If respondent doesn't remember month or year, PROBE for respondent's best guess.]** (175-180)

<b>Include</b>	— / — — —	Code month and year
<b>saliva tests</b>	7 7 7 7 7 7	Don't know/Not sure
	9 9 9 9 9 9	Refused



- 20.6. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the **MAIN** reason for your last HIV test? (181-182)

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drugs
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 IF FEMALE: You were pregnant
- 07 It was done as part of a routine medical check-up
- 08 Or you were tested for some other reason
- Do not read**
- 7 7 Don't know/Not sure
- 9 9 Refused

- 20.7. Where did you have the HIV test – at a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, in a drug treatment facility, at home, or somewhere else? (183-184)

- Facility code
- 01 Private doctor or HMO
  - 02 Counseling and testing site
  - 03 Hospital
  - 04 Clinic
  - 05 Jail or prison
  - 06 Drug treatment facility
  - 07 At home
  - 08 Somewhere else
  - Do not read**
  - 7 7 Don't know/Not sure
  - 9 9 Refused

**If Q20.7 is "04" (clinic) continue, if Q20.7 is "07" (at home) go to Q20.9, else go to Q20.10**

- 20.8. What type of clinic did you go to for your last HIV test? (185)

- 1 Family planning clinic
- 2 STD clinic
- 3 Prenatal clinic
- 4 Public health clinic
- 5 Community health clinic
- 6 Hospital clinic
- 7 Other
- 8 Don't know/Not sure

9 Refused

20.9 Was this test done by a nurse or other health worker, or with a home testing kit? (186)

- 1 Nurse or health worker
- 2 A home test kit
- 7 Don't know/Not sure
- 9 Refused

20.10. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

You have used intravenous drugs in the past year.

You have been treated for a sexually transmitted or venereal disease in the past year.

You have given or received money or drugs in exchange for sex in the past year

You had anal sex without a condom in the past year

Do any of these situations apply to you? (187)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

20.11. In the past 12 months, has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use? (188)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

## Section 21: Firearms

The next three questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

21.1. Are any firearms kept in or around your home? (189)

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

21.2. Are any of these firearms now loaded? (190)

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

21.3. Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (191)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

## State-Added Questions

### Section 22: Orientation

22.1 Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be A. Heterosexual, that is, straight; B. Homosexual, that is gay or lesbian; C. Bisexual, or D. other? Remember, your answers are confidential. **ONLY IF NEEDED:** You don't have to answer any question if you don't want to.]

- 1 A. Heterosexual, that is, straight
- 2 B. Homosexual, that is gay or lesbian
- 3 C. Bisexual or
- 4 D. Other [Specify: \_\_\_\_\_ ]
- Do not read these responses**
- 7 Don't know/Not Sure
- 9 Refused

**Comment [KWS1]:** Language changed 11/14/02 to match Oregon's question.

**If R smoked 100 cigarettes in lifetime (7.1=1), continue. Otherwise go to next section.**

**Section 23     Adult Cigarette History**

(ACH) – Adult History of Cigarette Use

Now I would like to ask you some more questions about your personal history of cigarette use.

ACH1 Did you smoke any cigarettes during the past 30 days?

- 1     Yes
- 2     No → **Go to next section**
- 7     Don't know/Not sure
- 9     Refused

ACH2 On how many of the past 30 days did you smoke cigarettes?

- Number of days
- 77     Don't know/Not Sure
- 88     None
- 99     Refused

ACH3 On average, about how many cigarettes per day do you smoke, on the days that you do smoke? (Note: 1 pack = 20 cigarettes)

- Number of cigarettes
- 77     Don't know/Not Sure
- 99     Refused

**Section 24     Adult Smokeless History**

(ASH) – History of Smokeless Tobacco Use Among Adults

*[All respondents] The next questions ask about smokeless tobacco.*

ASH1 Have you ever tried using smokeless tobacco, like chew, dip, or snuff? **[IF NEEDED Such as Copenhagen, Kodiak, Redman, or Beechnut?]**

- 1     Yes
- 2     No                     **Go to next section**
- 7     Don't know/Not Sure   **Go to next section**
- 9     Refused               **Go to next section**

ASH2 On how many of the past 30 days did you use smokeless tobacco products?

- Number of days
- 88     None

- 77 Don't know/Not Sure
- 99 Refused

ATH2: In the past month, have you smoked a cigar, even just a puff?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**If R smoked 100 cigarettes (Q7.1=1) and has not smoked cigarettes in the past 30 days (ACH1=2) continue.**

**If R never smoked 100 cigarettes (Q7.1=2), go to APC3.**

**If R currently smokes (Q7.1=1 and ACH1=1), Go to next section.**

## Section 25 Adult Past Cigarette Smoking

(APC) [Former smokers]

APC1 About how long has it been since you last smoked cigarettes regularly, that is, daily?

- 01 Within the past month (<1 month ago)
- 02 Within the past 3 months (1-3 months ago)
- 03 Within the past 6 months (3-6 months ago)
- 04 Within the past year (6-12 months ago)
- 05 Within the past 5 years (1-5 years ago)
- 06 Within the past 15 years (5-15 years ago)
- 07 Or More than 15 years ago
- 88 Never used regularly **Go to next section**
- 77 Don't know/not sure
- 99 Refused

APC 2a When you last smoked, on average, how many days per month did you smoke?

- Number of days
- 88 None
- 77 Don't know/Not Sure
- 99 Refused

APC2b When you last smoked cigarettes regularly, on average, how many cigarettes did you smoke per day?

- # of cigarettes
- 77 Don't know/not sure
- 99 Refused

**Current Adult Tobacco Use Status (ATU):**

- 1 Current Daily Tobacco User** – respondent currently uses CIGARETTES OR SMOKELESS product on a daily basis [ACH2=30 or ASH2=30]
- 2 Current Occasional Tobacco User**– respondent has used cigarettes or smokeless in the past 30 days [ACH2=1-29 or ASH2=1-29 ]
- 3 Current Non-Tobacco User** – respondent has not used cigarettes or smokeless tobacco product within the past 30 days [(Q7.1=2 or ACH1=2) and ASH1=2]

**Current Adult Cigarette Use (ACU):**

- 1 Current Daily Smoker** – respondent has smoked at least 100 cigarettes in lifetime and currently smokes cigarettes every day [Q7.1=1 and Q7.2=1]
- 2 Current Occasional Smoker**– respondent has smoked at least 100 cigarettes in lifetime and reports currently smoking on “some days” [Q7.1=1 and Q7.2=2]
- 3 Ex-Regular Smoker** – respondent has smoked at least 100 cigarettes in lifetime, but reports having smoked “regularly” or daily in the past [Q7.1=1 and Q11.2=3 and APC=1-7]
- 4 Ex-Occasional Smoker** – respondent has smoked at least 100 cigarettes in lifetime, but reports never having smoked “regularly” or daily in the past [Q7.1=1 and Q11.2=7 and APC=88]
- 5 Never-Smoker** – respondent has not smoked at least 100 cigarettes in lifetime [Q7.1=2]

**~~If age 30 or greater, go to next section.~~**

**If R never smoked (Q7.2=2) or does not smoke now or [Q7.1=1 and Q7.2=2] or [Q7.1=1 and ACH1=2]), continue. Otherwise, go to next section.**

YSS2 Do you think that you will smoke a cigarette anytime during the next year?.

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no
- 7 Don't know/Not sure
- 9 Refused

YSS4 If you or your best friends offered you a cigarette, would you smoke it?

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no
- 7 Don't know/Not sure
- 9 Refused

**If current daily or occasional tobacco user (ACU=1 or ACU=2) continue. Otherwise, go to next section.**

**Section 26: Current Adult Spending for Tobacco**  
(AST)

AST1: About how much do you usually spend on tobacco products every week? **[IF NEEDED: on average, in a typical week]**

- |    |                     |
|----|---------------------|
| 01 | Less than \$5       |
| 02 | \$5-\$9             |
| 03 | \$10-\$14           |
| 04 | \$15-\$24           |
| 05 | \$25-\$34           |
| 06 | \$35-\$44           |
| 07 | \$45-\$54           |
| 88 | \$55 or more        |
| 77 | Don't know/not sure |
| 99 | Refused             |

AST2 In the past month, did you buy tobacco on a Native American reservation?

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

AST3 [In the past month, did you buy tobacco] from the Internet?

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

AST4 During the past month, did you buy tobacco outside the state to save money – not just because you were traveling?

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

**If current smoker (ACU=1 or 2) or former smoker (ACU=3 or 4) who quit within past year (APC<=4), continue. Otherwise go to next section.**

## **Section 27: Adult Past Motivations to Quit**

(APM) [Current and former tobacco users]

*The next questions ask about things that might make a person want to quit using tobacco.*

APM1 Do you agree or disagree with the following statement: "People close to me [CATI insert "are" if ATU=1 or 2. Insert "were" if ACU=3 or 4] upset by my using tobacco." Do you agree or disagree? Strongly or somewhat?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Or Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

APM3 When was the last time a Doctor, nurse or other healthcare provider advised you to quit, if ever?

- 1 Within the past year (1-12 months)
- 2 Within the past 3 years (1-3 years)
- 3 Or more than 3 years ago
- 4 They never advised me to quit
- 7 Don't know/Not sure
- 9 Refused

APM4 When was the last time a DENTIST advised you to quit, if ever?

- 1 Within the past year (1-12 months)
- 2 Within the past 3 years (1-3 years)
- 3 Or more than 3 years ago
- 4 They never advised me to quit
- 7 Don't know/Not sure
- 9 Refused



APM5 When was the last time a PHARMACIST advised you to quit, if ever?

- 1 Within the past year (1-12 months)
- 2 Within the past 3 years (1-3 years)
- 3 Or more than 3 years ago
- 4 They never advised me to quit
- 7 Don't know/Not sure
- 9 Refused

**If AMP3=4 and APM4=4 and APM5=4 skip the next question. Go to AMP8.**

APM7: Did the health care professional who advised you to quit offer you any help, or refer you to a source of help, to quit tobacco use?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**If R has not smoked 100 cigarettes (Q7.1=2) or has not smoked cigarettes in the past 30 days (ACH1=2), Go to next section.**

## **Section 28: Adult Recent Motivations to Quit**

(ARM) [All respondents answer ARM1]

**If R has health insurance (Q2.1=1) continue. Otherwise skip this question.**

ARM6 What type of health coverage do you use to pay for most of your medical care? Is it coverage through...

- 1 Your employer
- 2 Someone else's employer
- 3 A plan that you or someone buys on your own
- 4 Medicare
- 5 Medicaid or Medical Assistance
- 6 The military, CHAMPUS, or the VA
- 7 The Indian Health Service
- 8 Or some other source
- 77 Don't know/Not Sure
- 99 Refused

**If R currently uses tobacco or has quit within the past year, (ATU=1 or 2 or APC1=1-4), continue. Otherwise go to next section.**

ARM2a Within the past year, have you heard about any programs in your community to help you quit using tobacco, such as classes, support groups or counseling services?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

ARM2b Within the past year, did your employer offer any stop-smoking class or other programs to help employees quit using tobacco?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**If R has health insurance coverage (Q2.1=1), continue. Otherwise skip this question. Go to ARM3a.**

ARM3 Does your health insurance coverage pay for the cost of any help to quit using tobacco, such as a stop-smoking program or nicotine patches, pills, or other medications?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

ARM4 Have you heard about the Washington State "Quit Line" – a telephone support service to help people quit using tobacco?

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure
- 9 Refused

ARM4b Would you ever call a telephone support service for help in quitting tobacco?

- 1 Definitely Yes
- 2 Probably Yes
- 3 Probably No
- 4 Definitely No
- 7 Don't know/Not Sure
- 9 Refused

ARM5 Have you called the Washington Tobacco Quit Line?

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure
- 9 Refused

**Section 29: Adult Current Motivations to Quit**  
(ACM)

**If R uses tobacco daily or occasionally (ATU=1 or ATU=2), continue. Otherwise go to next section.**

ACM1 Would you like to quit using tobacco?

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure
- 9 Refused

ACM2 Are you seriously considering quitting tobacco use within the next 6 months?

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure
- 9 Refused

ACM3 Are you planning to stop within the next 30 days?

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure
- 9 Refused

**Section 30: Household Demographics**

(AD) All Respondents

AD20 Are you currently registered to vote?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**Section 31: Adult Home ETS**

(AHE) – Secondhand Smoke rules and exposure at home

*Now I have some questions about smoking in your home.*

AB5 Which one of the following statements best describes the rules about smoking in your home...

- 1 No one is allowed to smoke anywhere inside your home
- 2 Smoking is allowed at some places or at some times
- 3 Or smoking is permitted anywhere inside your home
- 7 Don't know/not sure
- 9 Refused

AHE1 How many people, including you, who live in your household currently smoke cigarettes, cigars, or pipes?

- Number of current smokers in household
- 88 No current smokers in household
- 77 Don't know/Not sure
- 99 Refused

AHE2 On how many of the past 30 days has anyone, including you, smoked anywhere inside your home?

- Number of people who smoked inside home
- 88 None
- 77 Don't know/Not sure
- 99 Refused

AHE3 If it were just up to you, would you let people smoke inside your home?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**Section 32: Adult Workplace ETS**  
(AWE) – Secondhand Smoke Exposure at work

**If employed (Q14.8=1 or 2), continue. Otherwise go to next section**

Next we are interested in smoking policies at your workplace.

AWE2 When you are at work, do you spend most of your time in an ...

- 01 Office
- 02 Store
- 03 Restaurant or Bar
- 04 Warehouse or Factory
- 05 Home
- 06 Outdoors
- 07 Car or truck
- 08 Classroom
- 09 Hospital
- 88 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

Is smoking allowed in any of the following indoor areas at your workplace?

AWE4 Some or all indoor work areas

- 1 Yes
- 2 No
- 3 Not Applicable
- 7 Don't know/Not sure
- 9 Refused

AWE5 [Is smoking allowed at your workplace in] Employee lunchrooms or lounges

- 1 Yes
- 2 No
- 3 Not Applicable
- 7 Don't know/Not sure
- 9 Refused

AWE6 [Is smoking allowed at your workplace in] A different designated indoor smoking area?

- 1 Yes
- 2 No
- 3 Not Applicable
- 7 Don't know/Not sure
- 9 Refused

AWE7 In a typical week, while you are at work, how many hours are you in a room or car with smoke from someone else's cigarettes, cigars, or pipe?

- 01 One hour or less
- Number of hours
- 70 Seventy hours or more
- 88 None
- 77 Don't know/Not sure
- 99 Refused

### Section 33: Adult Knowledge ETS

(AKE) – Attitudes and Knowledge about Secondhand Smoke

[All respondents]

The next questions are about secondhand smoke. Secondhand smoke is the smoke from someone else's cigarettes, cigar, or pipe.

AKE1 In general, would you say that breathing secondhand smoke is...

- 1 Not at all annoying to you
- 2 A little bit annoying to you
- 3 Somewhat annoying to you
- 4 or Very annoying to you
- 7 Don't know/Not sure
- 9 Refused

AKE2 Would you say that breathing secondhand smoke is...

- 1 Not at all harmful
- 2 A little bit harmful
- 3 Somewhat harmful
- 4 or Very harmful
- 7 Don't know/Not sure
- 9 Refused

AKE4 What about this statement: All CHILDREN should be protected from secondhand smoke. Do you agree or disagree? Somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 or Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

AKE5 Do you think that smoking should not be allowed at all in restaurants?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

AKE7 Do you think that smoking should not be allowed at all in bars and lounges?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

AKE9 Do you think that smoking should not be allowed at all in outdoor public areas where children may be present?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

### **Section 34: Adult perception of Community Activities**

(ACA) – Opinions about current activities and policies in local communities

[All respondents]

The next questions ask for your opinion about things that happen in your community.

ACA1b Do you agree or disagree with the following statement: Local law enforcement officials should place a high priority on enforcing laws that ban the possession of tobacco products by minors (children under 18). Do you agree or disagree? Somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

ACA4a The city or town where I live should establish as many strong rules and laws as possible to protect nonsmokers, including children, from secondhand smoke. Do you agree or disagree? Somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

ACA4b Here is another statement: School officials should make sure that all children receive education to help prevent them from using tobacco. Do you agree or disagree? Somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

ACA4c Tobacco use by adults should not be allowed on school grounds or at any school events. Do you agree or disagree? Somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused



ACA5 Have you seen or heard about any efforts or activities in your community or in schools to prevent or reduce tobacco use among youth? **[IF NEEDED: this could include part of your job]**

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**Section 35: Adult Tobacco Knowledge**  
(ATK)

The next question ask for your opinion on a statement about the harm from tobacco use.

ATK3 There are so many things that cause cancer, tobacco use is not going to make any difference. Do you agree or disagree? Somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

**Section 36: Adult recognition of State DOH Campaign Activities**  
(ASA)

Some organizations are conducting campaigns to convince youth not to start using tobacco, and motivate adults to quit.

ASA1 During the past 30 days, how often have you seen commercials on TV about the dangers of tobacco use or about not smoking?

- 1 Every day
- 2 Couple times per week
- 3 Once per week
- 4 Couple times per month
- 5 Maybe once
- 6 Never **Go to ASA2b**
- 7 Don't know/Not sure **Go to ASA2b**
- 9 Refused **Go to ASA2b**

ASA1a What is the theme or slogan of the advertising campaigns you've seen? **[DO NOT READ! SELECT ALL THAT APPLY, UP TO SIX ANSWERS.]**

- 1 Truth, the truth
- 2 It's the truth
- 3 It's an outrage
- 4 Think, don't smoke
- 5 Quit Line
- 6 Tobacco Smokes You
- 7 Don't know/Not sure
- 8 Other, specify: \_\_\_\_\_
- 9 Refused

ASA2b During the past 30 days, how often did you hear commercials on the radio about the dangers of tobacco use or about not smoking?

- 1 Every day
- 2 Couple times per week
- 3 Once per week
- 4 2-3 times per month
- 5 Maybe once
- 6 Never
- 7 Don't know/Not sure
- 9 Refused

ASA3 During the past 30 days, how often have you seen advertisements about the dangers of tobacco use or about not smoking on billboards, posters, or buses?

- 1 Every day
- 2 Couple times per week
- 3 Once per week
- 4 Couple times per month
- 5 Maybe once
- 6 Never
- 7 Don't know/Not sure
- 9 Refused

### Section 37: Adult Pro-Tobacco Influences

(API)

*Some tobacco companies make promotions items like clothing, hats, bags or other things with their brand on it.*

API1 Would you ever use or wear something that has a tobacco company logo or picture on it?

- 1 Definitely No
- 2 Probably No
- 3 Probably Yes
- 4 Definitely Yes
- 7 Don't know/Not sure
- 9 Refused

API2 Do you currently have a piece of clothing or other item that has a tobacco brand or logo on it?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

API3 During the past year have you received a free sample or coupon for a free sample of cigarettes or tobacco products?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

API4 During the past year have you been somewhere, such as a concert or special event, where tobacco companies were having a promotion – for example, giving away free samples or having a special give-away?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

API5 How much do you agree with this statement: Tobacco companies should have the same rights to advertise their products as other companies. Do you agree or disagree? Somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

### Section 38: Adult Child Interactions

(ACI)

**[only ask if respondent is a parent or guardian of a child age 12-17 in the home]**

*Now I have a question about the expectations you have for your children around tobacco use. As you answer these questions, I want you to think of (specific child, age).*

ACI2 Have you told your child specifically that you do not want him or her to smoke or use tobacco?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**If there are children age 10-17 living in the home (AD12<88), continue. Otherwise go to closing comment.**

### Section 39: Youth Survey Transition Section

You said before that there [CATI insert is/are [number] \_\_children living in your home age 10 to 17 and that you are the parent or guardian of [CATI insert "some of the children" if more than one, or "the child" if only one child in the household.

**39.1** We are also studying the health knowledge and behaviors of children, to help plan and evaluate tobacco prevention health programs I would also like to interview [CATI insert the child/one of the children] aged 10 to 17 in your home. The interview will take about 15 minutes. We will ask about what is happening in school, his or her

attitudes about tobacco, and whether the child and his or her friends have used tobacco products.

May we have your permission to talk to [CATI insert your child/one of your children] about this survey and invite his or her participation? **[If more than one child, CATI make random selection]** The child I'd like to speak with is the \_\_\_ year old.

- 1 Yes
- 2 No **Go to closing statement**

**39.2** Are you the parent or guardian of the [CATI insert age] \_\_\_ year old?

- 1 Yes **Go to Introductory Statement for non-Respondent parent or guardian**
- 2 No
- 9 Refused

**39.3** May I speak to the [CATI insert age] \_\_\_ year old's parent or guardian?

- 1 Yes
- 2 No **Go to closing comment**
- 9 Refused **Go to closing comment**

**Introductory paragraph for non-respondent parent or guardian:** Hello. I'm \_\_\_\_\_ calling for the Washington State Department of Health. I am doing a survey of children and their attitudes about tobacco. I would like to interview the \_\_\_ child in your home. The interview will take about 15 minutes. We will ask about what is happening in school, his or her attitudes about tobacco, and whether the child and his or her friends have used tobacco products. We may also ask if we can call your child back for future research, or to participate in a focus group, as we did for you. I can assure you that everything your child tells us will be held in the strictest confidence, and that he or she can refuse to participate at any time. May we have your permission to talk to your [CATI insert age] \_\_\_ year old child about this survey and invite his or her participation?

**39.4** Is (he)/(she) available?

- 1 Yes **Say next comment, then go to closing comment**
- 2 No **Schedule call-back. Then go to closing comment.**

Please ensure that this child has a private place to answer the survey questions, so that (he)/(she) can be honest and open.

**Closing Comment – Adult Survey**

That's my last question. *Your answers and everyone else's will be combined to give us information that is important for improving public health in our state..* Thank you very much for your time and cooperation.

### Youth Tobacco Telephone Survey

BRFSS 2004

AGES 10-17

**Please make sure that these variables from adult survey are linked to this dataset:**

- ✓ **Sequence number**
- ✓ **County**
- ✓ **Zip code**
- ✓ **Number of phone in home**
- ✓ **Number of youth aged 10-17 in home**

Other data can be obtained (e.g. income) using a linking identifier, but we need to make certain that the variables above come through directly onto the dataset.

#### Introduction

*Hello, I'm \_\_\_\_\_ calling from Gilmore Research for the Washington State Department of Health. We have talked to your parent or guardian, and (he)/(she) has given me permission to talk to you about taking part in a survey about your personal use of tobacco and what you think about tobacco. The survey will take about 15 minutes. I will not tell your answers to your parents or anyone else. You don't have to do this survey if you don't want to, and you can stop at any time. Also if there is a question that is uncomfortable for you, or you do not want to answer, just tell me and we can skip over it.*

*May I ask you the questions right now?*

*Do you have a private place to answer our questions right now? [if NO, prompt to find privacy or schedule call-back]*

**Youth General (YG) – Background questions about youth participants**

*First we have a few general questions about you.*

**YG1** How old are you?

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 99 Refused

**YG2** Record Gender

- 1 Male
- 2 Female

**YG3** What grade are you in?

- 04 4th
- 05 5th
- 06 6th
- 07 7th
- 08 8th
- 09 9th (freshman)
- 10 10th (sophomore)
- 11 11th (junior)
- 12 12th (senior)
- 13 Not in school – dropped out
- 14 Not in school – diploma/GED completed
- 15 College/vocational program
- 16 Don't know/Not sure
- 99 Refused



**YG4** Putting them all together, on average, what grades do (did) you usually get in school?

- 1 Mostly As
- 2 Mostly As and Bs
- 3 Mostly Bs
- 4 Mostly Bs and Cs
- 5 Mostly Cs
- 6 Mostly Cs and Ds
- 7 Mostly Ds
- 8 Mostly Ds and Fs
- 9 Mostly Fs
- 98 Don't know
- 99 Refused

**YG5** Are you Hispanic or Latino?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**YG6** Which one or more of the following would you say is your race? (Check all that apply.  
May have up to six responses. If more than six, use "Other" and list.)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

**Or**

- 6 Other [Specify \_\_\_\_\_]

**Do not read these responses**

- 8 No Additional choices
- 7 Don't know / Not sure
- 9 Refused

**If more than one response to YG6 continue, otherwise skip to next question**

**YG7** Which one of these groups would you say best represents your race?

- 1 White
- 2 Black or African American

- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [Specify \_\_\_\_\_]
- 7 Don't know / Not sure
- 9 Refused

**if youth's age = 15-17, continue. Otherwise, skip to next section**

**YG8** Not counting chores around your home, how many hours per week are you currently working for pay?

- 1 None, not currently working
- 2 4 hours or less per week
- 3 5-10 hours a week
- 4 11-20 hours a week
- 5 21-30 hours a week
- 6 31 or more hours a week
- 7 Don't know/Not sure
- 9 Refused

#### **Youth Cigarette History (YCH) – Youth History of Cigarette Use**

*Now I would like to ask you some questions about your personal history of tobacco use.*

**YCH1** Have you ever, even once in your life, smoked a whole cigarette?

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure
- 9 Refused

**YCH3** How many cigarettes have you smoked in your entire life? (Note: 5 packs=100 cigarettes)

- 1 One
- 2 2-5
- 3 6-15
- 4 16-25 5 26-99 (more than a pack, but less than 5 packs)
- 6 100 or more (5 packs or more)
- 7 Don't know/Not sure
- 9 Refused

**YCH6** During the past 30 days, on how many days did you smoke cigarettes?

- Number of days, 1-30
- 88 None 77 Don't know/Not sure
- 99 Refused

#### Youth Tobacco History (YTH) – History of Other Tobacco Use Among Youth

**YTH1** Have you ever tried using smokeless tobacco, like chew, dip, or snuff? **[IF NEEDED Such as Copenhagen, Kodiak, Redman, or Beechnut?]**

- 1 Yes
- 2 No **Go to YTH3**
- 7 Don't know/Not Sure
- 9 Refused

**YTH2** On how many of the past 30 days did you use smokeless tobacco products?

- Number of days
- 88 None
- 77 Don't know/Not Sure
- 99 Refused

**YTH3** Have you ever tried smoking cigars?  
[IF NEEDED: Such as Swisher Sweets, philly blunts]

- 1 Yes
- 2 No → skip to next section
- 7 Don't know/Not Sure

9      Refused

**YTH4** On how many of the past 30 days did you smoke cigars?

88      None  
 77      Don't know/Not Sure  
 99      Refused

**Coding for Current Youth Tobacco Use Status****Current Youth Tobacco Use Status (YTU):****1 Current Regular Tobacco User** (if YCH6 $\geq$ 20 or YTH2 $\geq$ 20 or YTH4 $\geq$ 20)

Youth has used cigarettes, smokeless, or cigars on at least 20 of the past 30 days

**2 Current Occasional Tobacco User** (if 1 $\leq$ YCH6 $\leq$ 19 or 1 $\leq$ YTH2 $\leq$ 19; or 1 $\leq$ YTH4 $\leq$ 19)

Youth has used cigarettes, smokeless, or cigars on at least one, but less than 20, of the past 30 days

**3 Current Non-Tobacco User** [if YCH6=0 or YCH1=2] & [YTH1=2 or YTH2=0] & [YTH3=2 or YTH4=0]

Youth has not used any type of tobacco in the past 30 days

**Current Youth Cigarette Use (YCU):****1 Current Regular Smoker** (if YCH6 $\geq$ 20)

Youth has smoked cigarettes on at least 20 of the past 30 days

**2 Current Occasional Smoker** (if 1 $\leq$ YCH6 $\leq$ 19 & YCH3 $\geq$ 2)

Youth has smoked cigarettes on at least 1, but less than 20, of the past 30 days, and has smoked 6 or more cigarettes in lifetime

**3 Ex- Smoker** (if YCH6=0 & YCH3=6)

Youth has not smoked cigarettes during the past 30 days, but has smoked at least 100 in lifetime

**4 Experimental Smoker** (if YCH6=0 & YCH3 $\leq$ 5 & 1 $\leq$ YCH3; or YCH3 $\leq$ 5)

Youth has not smoked within the past 30 days, and has smoked one or more but fewer than 100 cigarettes in lifetime, or youth have smoked 5 or less cigarettes in lifetime (at any time).

**5 Never-Smoker** (if YCH1=2)

Youth has never tried smoking cigarettes

**If current regular or occasional tobacco user (YTU=1 OR 2), continue. Otherwise go to next section.**

**Current Youth Access to Tobacco (YAT)**

**YAT2** How do you usually get your tobacco? **DO NOT READ, CODE RESPONSE.**  
**Multiple responses OK.**

- 01 Buy in a store
- 02 Buy from vending machine
- 03 Buy from a person
- 04 Asked friend to purchase for me
- 05 Asked stranger to purchase for me
- 06 Borrowed or bummed from friends
- 07 Borrowed or bummed from people I don't know
- 08 Adult or parent gave to me
- 09 Take from a store without paying
- 10 Take from adults or parent when they don't know
- 11 Find on ground or in ashtrays
- 12 Some other way
- 77 Don't know/Not sure
- 99 Refused

**AGES 14-17 only, otherwise skip to next section**

**YAT3** During the past 30 days, did you try to buy tobacco from a store?

- 1 Yes
- 2 No → skip to next section
- 7 Don't know/Not Sure
- 9 Refused

**YAT4** When you tried to buy tobacco from a store, were you asked for ID?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

**YAT5** When you tried to buy tobacco from a store, were you able to actually buy it?

- 1 Yes

- 2 No
- 7 Don't know/Not Sure
- 9 Refused

**If current regular (YTU=1) , continue. Otherwise go to next section.**

**Youth Past Motivations to Quit (YPM**

If YTU=1]

*The next questions ask about things that might make a person want to quit using tobacco.*

**YPM1** Do you agree or disagree with the following statement. People close to me are upset by my using tobacco? Do you agree or disagree? Somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Or Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

**YPM5** Do you know about any support groups, counseling, or other ways to help young people where you live quit using tobacco?

- 1 Yes
- 2 No **Go to next section Go to YPM7**
- 7 Don't know/Not sure
- 9 Refused

**YPM6** Have you ever attended a support group, counseling, or other program to help you quit using tobacco?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**YPM7** Have you heard about the Washington State “Quit Line” – a telephone support service to help people quit using tobacco?

- 1 Yes
- 2 No
- 7 Don’t know/Not sure
- 9 Refused

**YPM8** Would you ever call a telephone support service for help in quitting tobacco?

- 1 Definitely Yes
- 2 Probably Yes
- 3 Probably No
- 4 Definitely No
- 7 Don’t know/Not Sure
- 9 Refused

**If current regular tobacco user (YTU=1), continue. Otherwise go to next section.**

**Youth Current Motivations to Quit (YCM)**

**YCM1** During the past 12 months, did you ever try to quit using tobacco?

- 1 Yes
- 2 No
- 7 Don’t know/Not sure
- 9 Refused

**YCM2** Do you want to stop using tobacco right now?

- 1 Yes
- 2 No
- 7 Don’t know/Not sure
- 9 Refused

**DROP THIS SERIES (FOR 2004 AT LEAST)**

**Youth Tobacco Knowledge (YTK)**

*The next questions ask for your opinion on some statements about the harm from tobacco use.*

**YTK1** Please tell me if you agree with this statement: “A pregnant woman could hurt her unborn baby if she smokes.” Do you agree or disagree? Somewhat or strongly?

- 1 Strongly agree

- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

**YTK3** There are so many things that cause cancer, tobacco use is not going to make any difference.” Do you agree or disagree? Somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

**YTK4** If you smoked regularly and wanted to quit, do you think that you could stop anytime you wanted to? Would you say Yes or No? Definitely or probably?

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no
- 7 Don't know/Not sure
- 9 Refused

### **Youth Social Pressures (YSP)**

*Tell me how much you agree or disagree with the following statements...*

**YSP1b** I don't want to set a bad example for younger kids by smoking. Do you...

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/not sure
- 9 Refused



**YSP2** In general, how do you think people your age feel about teens using tobacco, do they think of it as...

- 1 Very wrong
- 2 Somewhat wrong
- 3 A little wrong
- 4 Not at all wrong
- 7 Don't know/Not sure
- 9 Refused

**YSP3** How wrong do you think your friends feel it is for people your age to use tobacco, do they think of it as...

- 1 Very wrong
- 2 Somewhat wrong
- 3 A little wrong
- 4 Not at all wrong
- 7 Don't know/Not sure
- 9 Refused

**YSP4** In general, what percentage of people your age smoke cigarettes, in your opinion?

- Percentage
- 777 Don't know/Not sure
- 999 Refused

**YSP5** Do you agree with this statement: "People who join anti-tobacco groups are people I like or would like to be around. Do you agree or disagree? somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

**YSP6** Here is another statement: "Smoking sometimes makes a person more attractive." Do you agree or disagree? somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

**YSP7** Do you agree with this statement: "People who smoke are people I like or would like to be around. Do you agree or disagree? somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

### **Youth Susceptibility Scales (YSS)**

**YSS1** If you wanted to get some cigarettes or tobacco, how easy would it be for you to get some...

- 1 Very hard
- 2 Sort of hard
- 3 Sort of easy
- 4 Very easy
- 7 Don't know/Not sure
- 9 Refused

**YSS2** Do you think you will smoke a cigarette anytime during the next year?

- 1 Definitely Yes
- 2 Probably Yes
- 3 Probably No
- 4 Definitely No
- 7 Don't know/Not sure
- 9 Refused

**YSS3** Do you think you will be smoking cigarettes when you are an adult?

- 1 Definitely Yes
- 2 Probably Yes
- 3 Probably No
- 4 Definitely No
- 7 Don't know/Not sure
- 9 Refused

**YSS4** If one of your best friends offered you a cigarette, would you smoke it?

- 1 Definitely Yes
- 2 Probably Yes
- 3 Probably No
- 4 Definitely No
- 7 Don't know/Not sure
- 9 Refused

**Sensation Seeking Behavior (SSB)**

[from a standard battery provided by Drs. Austin & Pinkleton at WSU – to assess degree of impact of tobacco prevention among sensation-seeking youth]

*I am going to read a few statements about your life in general. Tell me whether you agree or disagree with these statements.*

**SSB1** I like to be around people who party.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

**SSB2** I do not like to do things that are against the rules.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

**SSB3** I like to do things that are a little risky or dangerous.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

### **Youth Industry Perceptions (YIP)**

*The next set of questions asks about your opinions and feelings about the tobacco industry.  
These are the companies that make and sell cigarettes or other kinds of tobacco.*

**YIP1** I feel angry with cigarette companies. Do you agree or disagree? Somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

**YIP2** I don't want to be influenced by cigarette ads. Do you agree or disagree? Somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

**YIP3** I want to fight back against the tobacco industry. Do you agree or disagree? Somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

**YIP4** Tobacco companies should have the same right to advertise their products as other companies. Do you agree or disagree? Somewhat or strongly?

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

**YIP5** Some tobacco companies make promotional items like clothing, hats, bags or other things with their brand name or picture on it. Would you ever use or wear something that has a tobacco company logo or picture on it?

- 1 Definitely no
- 2 Probably no
- 3 Probably yes
- 4 Definitely yes
- 7 Don't know/Not sure
- 9 Refused

**YIP6** Do you currently have a piece of clothing or another item with a tobacco company logo or picture on it?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**AGE 14-17 only, otherwise skip to next section**

**YIP7** During the past year have you been somewhere, such as a concert or special event, where tobacco companies were having a promotion – for example, giving away free samples or having a special give-away?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

### Youth School Influences (YSI)

[replace YIP7 with this question in this series]

**YSIA** *This set of questions asks about anti-tobacco education and school programs.* During the past 12 months in school, did any older teens come to your class to talk about the dangers of tobacco use?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**YSI1** During the past 12 months in school, have you practiced ways to say “No” to tobacco, for example in role playing?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**YSI2** Again thinking of the past 12 months in school, how many times did you receive information in classes about the health hazards and dangers of tobacco use? **[IF NEEDED: on different days]**

- 0 None **Go to YSI4**
- 1 Once
- 2 2 or 3 times
- 3 4 or more times
- 7 Don't know/Not sure
- 9 Refused

**YSI3** Did the tobacco education you received during the last year make you think that you should not smoke or use chewing tobacco?

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no
- 7 Don't know/Not sure
- 9 Refused

**YSI4** Do you think that your principal and teachers think it's important that people your age not smoke or use tobacco?

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no
- 7 Don't know/Not sure
- 9 Refused

**YS15** Is there a rule about not using tobacco in your school?

- 1 Yes
- 2 No → skip to YS16
- 7 Don't know/Not sure
- 9 Refused

**YS15b** How strongly is the rule enforced?

- 1 It is not enforced
- 2 It is sometimes enforced
- 3 It is strictly enforced
- 7 Don't know/Not sure
- 9 Refused

**YSI6** Are there places near your school where people your age get together and smoke?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**Youth Prevention Messages (YPM)**

*Have any of the following people ever talked with you about the dangers of using tobacco...*

ROTATE SEQUENCE      YPM1-YMP5

**YPM1** A Doctor?

- 1      Yes
- 2      No
- 7      Don't know/Not sure
- 9      Refused

**YPM3** Your father, or male guardian? **[IF NEEDED: Has this person ever talked with you about the dangers of using tobacco?]**

- 1      Yes
- 2      No
- 3      Do not have father/male guardian
- 7      Don't know/Not sure
- 9      Refused

**YPM4** Your mother, or female guardian? **[IF NEEDED: Has this person ever talked with you about the dangers of using tobacco?]**

- 1      Yes
- 2      No
- 3      Do not have mother/female guardian
- 7      Don't know/Not sure
- 9      Refused

**YPM5** One of your friends. **[IF NEEDED: Has this person ever talked with you about the dangers of using tobacco?]**

- 1      Yes
- 2      No
- 7      Don't know/Not sure
- 9      Refused

**YPM6** Have your parents or guardians specifically told you that they do not want you to use tobacco?

- 1      Yes
- 2      No
- 7      Don't know/Not sure
- 9      Refused



### Youth Knowledge ETS (YKE) – Attitudes and Knowledge about Secondhand Smoke

*The next questions are about secondhand smoke. Secondhand smoke is the smoke from someone else's cigarettes, cigar, or pipe.*

**YKE1** In general, would you say that breathing secondhand smoke is...

- 1 Not at all annoying to you
- 2 A little bit annoying to you
- 3 Somewhat annoying to you
- 4 or Very annoying to you
- 7 Don't know/Not sure
- 9 Refused

**YKE2** Would you say that breathing secondhand smoke is...

- 1 Not at all harmful
- 2 A little bit harmful
- 3 Somewhat harmful
- 4 or Very harmful
- 7 Don't know/Not sure
- 9 Refused

### Youth Home Exposure to ETS (YHE)

**YHE1** On how many of the past 30 days has anyone smoked anywhere inside your home?

**The CATI script had "including you" – please delete**

- Number of days
- 88 None
- 77 Don't know/Not sure
- 99 Refused

**YHE2** If it were just up to you, would you let people smoke inside your home?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**If youth is employed (YG7=1), continue. Otherwise go to next section.**

**Youth Workplace ETS (YWE) – Secondhand Smoke Exposure at work**

*Next we are interested in smoking policies where you work.*

**YWE1** When you are at work, do you spend most of your time in an ...

- 01 Office
- 02 Store
- 03 Restaurant
- 04 Warehouse or Factory
- 05 Home
- 06 Outdoors
- 07 Car or truck
- 88 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

**YWE3** In a typical week, how many hours would you say that you are in a room or car with secondhand smoke while you are at work?

- 01 One hour or less
- Number of hours
- 70 Seventy hours or more
- 88 None
- 77 Don't know/Not sure
- 99 Refused

These questions are about more general safety issues in your workplace. [From Mary Miller at Labor & Industries child workplace safety program]

**YWE6** Have you ever been injured on the job?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**YWE7** Has any on-the-job injury or exposure that you experienced ever interfered with doing other activities like school, sports, or other extracurricular or recreational activities?

- 1 Yes
- 2 No
- 7 Don't know/Not sure

9      Refused

**YWE8** Have you ever received safety training in the workplace?

1      Yes  
2      No  
7      Don't know/Not sure  
9      Refused

**Youth Empowerment/Mobilization Activities (YEA)**

*The next questions ask about things you might have done to help fight tobacco.*

**YEA1** During the past year, have you participated in any rally, conference, or meeting with other people your age to fight tobacco use?

1      Yes  
2      No  
7      Don't know/Not sure  
9      Refused

**YEA2** During the past year, did you participate in any activities to encourage other youths to say "no" to tobacco – for example, through youth groups, health fairs, or presentations to younger children?

1      Yes  
2      No  
7      Don't know/Not sure  
9      Refused

**YEA5** How likely would you be to wear something that has an ANTI-tobacco message or logo on it, like a hat or t-shirt?

1      Very likely  
2      Somewhat likely  
3      Somewhat unlikely  
4      Very unlikely  
7      Don't know/Not sure  
9      Refused

**YEA6** Do you currently have a piece of clothing or other item with an ANTI-tobacco message or logo on it?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

*On a scale of 1 to 7, where 1 is "strongly disagree" and 7 is "strongly agree", how much do you agree with the following*

**YEA7** I can have an effect on whether other teenagers use tobacco.

- 1-7
- 9 Don't know/refused

**YEA8** I can have an effect on whether my friends use tobacco. **[IF NEEDED:** On a scale of 1 to 7, where 1 is "strongly disagree" and 7 is "strongly agree", how much do you agree with the statement?]

- 1-7
- 9 Don't know/refused

### **Youth Media Campaign (YMC)**

*The next few questions ask about an anti-tobacco media campaign.*

**YMC1** Do you have cable TV or a satellite dish in your household?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**YMC2** On an average school day, how many hours do you watch TV?

- 0 I do not watch TV on an average school day
- 1 1 hour or less per day
- 2 2 hour per day
- 3 3 hours per day
- 4 4 hours per day
- 5 5 or more hours per day
- 7 Don't know
- 9 Refused

**YMC3** During the past 30 days, how often did you see commercials on TV about the dangers of tobacco use or about not smoking...

- 1 Every day
- 2 Couple times per week
- 3 Once per week
- 4 2-3 times per month
- 5 Maybe once
- 6 Never
- 7 Don't know/Not sure
- 9 Refused

**YMC4** On an average school day, how many hours do you listen to the radio?

- 0 I do not listen to radio on an average school day
- 1 1 hour or less per day
- 2 2 hour per day
- 3 3 hours per day
- 4 4 hours per day
- 5 5 or more hours per day
- 7 Don't know
- 9 Refused

**YMC5** During the past 30 days, how often did you hear commercials on the radio about the dangers of tobacco use or about not smoking...

- 1 Every day
- 2 Couple times per week
- 3 Once per week
- 4 2-3 times per month
- 5 Maybe once
- 6 Never
- 7 Don't know/Not sure

9      Refused

**Youth Conclusion**

*That is all the questions that I have. Thank you very much for your time. Your answers and everyone else's will be combined to give us information that is important for improving public health in our state.*

**YOUTH RESPONSE -- FOR INTERVIEWER (YRI)**

**YRI1**    Do you think that someone was listening in on another phone?

- 1      Yes
- 2      No
- 7      Don't know/Not sure
- 9      Refused

YOUTH TOBACCO SURVEY – 2004  
GENERAL “IF NEEDED” STATEMENTS

- **I work for** Gilmore Research Group, a research firm in Seattle. Our company has been hired by the Department of Health to conduct this study.
- If you would like to talk to **my supervisor** to verify this information, please call 800-573-4498 (King County 206-726-5582). Please say that you are calling about the tobacco telephone survey.
- If you would like to speak with someone at the **Department of Health** to verify that our company is doing this study, you can speak with Julia Dilley at 877-380-5788 (toll free). You can also call your local health department for more information.
- If you are interested in help to quit using tobacco, please call the **Quit Line** toll-free at 1-877-270-STOP (7867).
- **If you have questions** about how the survey was developed, and how the information we are collecting will be used, please call Julia Dilley at the Department of Health toll-free at 1-877-380-5788
- If you have **concerns about this survey**, please call Julia Dilley at the Department of Health at 1-877-380-5788
- (**for youth**) If you want to find out about how to get involved in anti-tobacco activities in your community, look at the youth website [www.outrageavenue.com](http://www.outrageavenue.com)
- **How many?** This interview is one of nearly (10,000 adult/3,000 youth) being conducted across the state, with enough interviews per county to estimate regional changes in tobacco-related attitudes.
- The **results** of this survey will be used to set health department goals for education and program development. They will also be used to measure progress for the Statewide Tobacco Prevention and Control Program. The Department of Health wants to help young people learn to avoid starting to use tobacco, and help people who have already started to stop.
- **Why me/my child?** We are talking to randomly selected adults, teens, and older children in this survey because it is important to hear about tobacco-related opinions from all of these groups.
- **Why my child?** It is well-established that tobacco use generally starts when people are in their middle school or teen years. The Department of Health feels that it is particularly important to understand the opinions and pressures these young people are experiencing. For this reason, a random sample of youth age 12-17 across the state is included in the study. Your household is part of the scientific sample representing all households in the state. We really value having your child take part in this interview, if you would be willing to allow us to ask him or her.
- **What do you say to my child?** I'll explain the study to your child, who can refuse the interview if he/she really doesn't want to do it. We can also skip over a question if your child does not want to answer. We can stop the interview at any time.